
State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Filing at a Glance

Company: Rocky Mountain HMO
Product Name: HMO Individual
State: Colorado
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Rate
Date Submitted: 05/14/2013
SERFF Tr Num: LEIF-129012741
SERFF Status: Pending State Action
State Tr Num: 278024
State Status: Actuarial Review
Co Tr Num: LEIF-129012741

Implementation: 01/01/2014
Date Requested:
Author(s): Julie Andrews, Julie Andrews
Reviewer(s): Nichole Boggess (primary), Cathy Gilliland, Michael Muldoon, Amy Filler
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:
Trend seems to be high at 16.3%. SERFF Binder Filing: RCKY-CO14-125000926

State: Colorado
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Filing Company: Rocky Mountain HMO
Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 06/03/2013
State Status Changed: 05/17/2013
Created By: Julie Andrews
Corresponding Filing Tracking Number: RCKY-CO14-125000926

General Information

Project Name: January 2014 HMO Individual
Project Number:
Requested Filing Mode: File & Use
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Julie Andrews

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null
Exchange Intentions:

We intend to offer these products on the state based exchange. Please reference the binder #RCKY-CO14-125000926 for additional detail.

Filing Description:

January 2014: This is the initial filing of new HMO Individual products. Rocky Mountain HMO will offer new PPACA compliant individual HMO products starting January 1, 2014. Please reference additional information that may be found in the associated Binder #RCKY-CO14-125000926.

Company and Contact

Filing Contact Information

Barry Barak, Director of Rating
Rocky Mountain Health Plans
2775 Crossroads Boulevard
Grand Junction, CO 81506

Bbarak@rmhp.org
970-244-7978 [Phone]
970-248-5080 [FAX]

Filing Company Information

(This filing was made by a third party - leifassociatesinc)

Rocky Mountain HMO
2775 Crossroads Boulevard
Grand Junction, CO 81506
(970) 244-7978 ext. [Phone]

CoCode: 95482
Group Code: 1184
Group Name: Rocky Mountain
Health Gro
FEIN Number: 84-0614905

State of Domicile: Colorado
Company Type: HMO
State ID Number: 01125

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 644,645,649

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: NA

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Nichole Boggess	05/29/2013	05/29/2013
Pending Industry Response	Nichole Boggess	05/28/2013	05/28/2013
Pending Industry Response	Nichole Boggess	05/17/2013	05/17/2013
Pending Industry Response	Nichole Boggess	05/15/2013	05/15/2013

Response Letters

Responded By	Created On	Date Submitted
Julie Andrews	05/31/2013	06/03/2013
Julie Andrews	05/28/2013	05/29/2013
Julie Andrews	05/20/2013	05/20/2013
Julie Andrews	05/16/2013	05/16/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Unified Rate Review Template	Julie Andrews	05/15/2013	05/15/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
#RCKY-CO14-125000926	Note To Reviewer	Julie Andrews	05/13/2013	05/14/2013

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/29/2013
Submitted Date	05/29/2013
Respond By Date	06/05/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide all excel files in pdf format as well.

Objection 2

Comments: Please provide a chart showing the basic plan designs to include such items as out of pocket, coinsurance, copays, and etc.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,
Nichole Boggess

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/28/2013
Submitted Date	05/28/2013
Respond By Date	06/04/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the rate sample as a separate exhibit.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/04/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/04/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/17/2013
Submitted Date	05/17/2013
Respond By Date	05/31/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the requested filing mode on the general information tab to file and use.

Objection 2

Comments: Please complete the following fields on the rate / rule schedule tab: Product Types: HMO / PPO / EPO / POS / HSA / HDHP / FFS / Other

Number of policy holders

Number of covered lives

Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (2) Please update the requested rate action to 0%.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/31/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/31/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/15/2013
Submitted Date	05/15/2013
Respond By Date	05/17/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please submit the binder so a complete review can be completed.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/17/2013, which is within 2 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/17/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/31/2013
Submitted Date	06/03/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

A pdf copy has been provided under the same supporting documents tab.

Related Objection 1

Comments: Please provide all excel files in pdf format as well.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-31-2013.xls Actuarial Memorandum Individual HMO 5-31-2013.pdf Benefit Summary Table Individual HMO 5-31-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf</i> <i>Actuarial Memorandum Individual HMO 5-31-2013.xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf</i> <i>Actuarial Memorandum Individual HMO 5-13-2013.xls</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample Individual HMO 6-3-2013.xls Rate Sample Individual HMO 6-3-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	

SERFF Tracking #:	LEIF-129012741	State Tracking #:	278024	Company Tracking #:	LEIF-129012741
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Attachment(s):	<i>Rate Sample Individual HMO 6-3-2013.xls</i>
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-31-2013.xls Actuarial Memorandum Individual HMO 5-31-2013.pdf Benefit Summary Table Individual HMO 5-31-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf</i> <i>Actuarial Memorandum Individual HMO 5-31-2013.xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf</i> <i>Actuarial Memorandum Individual HMO 5-13-2013.xls</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample Individual HMO 6-3-2013.xls Rate Sample Individual HMO 6-3-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Attachment(s):	Rate Sample Individual HMO 6-3-2013.xls
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

A benefit summary has been added to the Actuarial Memorandum supporting documents tab as requested.

Related Objection 2

Comments: Please provide a chart showing the basic plan designs to include such items as out of pocket, coinsurance, copays, and etc.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-31-2013.xls Actuarial Memorandum Individual HMO 5-31-2013.pdf Benefit Summary Table Individual HMO 5-31-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf</i> <i>Actuarial Memorandum Individual HMO 5-31-2013.xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf</i> <i>Actuarial Memorandum Individual HMO 5-13-2013.xls</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample Individual HMO 6-3-2013.xls Rate Sample Individual HMO 6-3-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	

SERFF Tracking #:	LEIF-129012741	State Tracking #:	278024	Company Tracking #:	LEIF-129012741
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Attachment(s):	<i>Rate Sample Individual HMO 6-3-2013.xls</i>
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-31-2013.xls Actuarial Memorandum Individual HMO 5-31-2013.pdf Benefit Summary Table Individual HMO 5-31-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf</i> <i>Actuarial Memorandum Individual HMO 5-31-2013.xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf</i> <i>Actuarial Memorandum Individual HMO 5-13-2013.xls</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample Individual HMO 6-3-2013.xls Rate Sample Individual HMO 6-3-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Attachment(s):	Rate Sample Individual HMO 6-3-2013.xls
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/28/2013
Submitted Date	05/29/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The rate sample has been attached as a separate exhibit as it's own supporting document as requested.

Related Objection 1

Comments: Please provide the rate sample as a separate exhibit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample Individual HMO 6-3-2013.xls

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/20/2013
Submitted Date	05/20/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The filing mode has been updated as requested through a post submission update.

Related Objection 1

Comments: Please update the requested filing mode on the general information tab to file and use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The information has been updated as requested through a post submission update.

Please note that completion of these fields is not an option when selecting a New Product on the Rate/Schedule Tab. I will need to contact SERFF if the information is still not captured through the post submission update.

Related Objection 2

Comments: Please complete the following fields on the rate / rule schedule tab: Product Types: HMO / PPO / EPO / POS / HSA / HDHP / FFS / Other
Number of policy holders
Number of covered lives

Changed Items:

No Supporting Documents changed.

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

A revised actuarial memorandum has been attached with the requested change to Section A (2).

Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (2) Please update the requested rate action to 0%.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-31-2013.xls
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-13-2013.xls

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Sincerely,
Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/16/2013
Submitted Date	05/16/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The binder has been submitted for your reievw.

Related Objection 1

Comments: Please submit the binder so a complete review can be completed.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTRMHMOIND.xlsx URRTRMHMOINDFINAL5-17-2013.xls
Previous Version	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTRMHMOIND.xlsx
Previous Version	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	UnifiedRateReviewSubmissionRMHMOIND_20130512122816.xml

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
Julie Andrews*

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Amendment Letter

Submitted Date: 05/15/2013

Comments:

This amendment is to reload the finalized URRT data as an xls file as requested by the Division.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTRMHMOIND.xlsx
Previous Version	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	UnifiedRateReviewSubmissionRMHMOIND_20130512122816.xml

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Note To Reviewer

Created By:

Julie Andrews on 05/13/2013 01:45 PM

Last Edited By:

Nichole Boggess

Submitted On:

05/21/2013 10:47 AM

Subject:

#RCKY-CO14-125000926

Comments:

Please reference the binder for additional detail regarding the filing.

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Post Submission Update Request Processed On 05/22/2013

Status: Allowed
Created By: Julie Andrews
Processed By: Nichole Boggess
Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	Review & Approval

Company Rate Information:

Company Name: Rocky Mountain HMO

Field Name	Requested Change	Prior Value
HMO - Covered Lives	0	
HMO - Policy Holders	0	

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Form Schedule

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Colorado Springs Health Partners HMO Bronze - Deductible \$4500/Copay \$50 (w/Child Dental)	HMO_CSH P_Bronze_IDV_4500_50_CD_01_01012014	POL	Other			
2		Colorado Springs Health Partners HMO Bronze HSA - Deductible \$6300/100% (w/Child Dental)	HMO_CSH P_HSA_Bronze_IDV_6300_CD_01_01012014	POL	Other			
3		Colorado Springs Health Partners HMO Silver - Deductible \$1500/Copay \$40 (w/Child Dental)	HMO_CSH P_Silver_IDV_1500_40_CD_01_01012014	POL	Other			
4		Colorado Springs Health Partners HMO Silver - Deductible \$3000/Copay \$40 (w/Child Dental)	HMO_CSH P_Silver_IDV_3000_40_CD_01_01012014	POL	Other			
5		Mesa County Exclusive HMO - Deductible \$6350/Copay \$45 - 3 PCP Visits (w/Child Dental)	HMO_MCE _Catastrophic_IDV_6350_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
6		Mesa County Exclusive HMO Bronze - Deductible \$4500/Copay \$50 (w/Child Dental)	HMO_MCE_Bronze_IDV_4500_50_CD_01_01012014	POL	Other			
7		Mesa County Exclusive HMO Bronze - Deductible \$5500/Copay \$60 (w/Child Dental)	HMO_MCE_Bronze_IDV_5500_60_CD_01_01012014	POL	Other			
8		Mesa County Exclusive HMO Bronze HSA - Deductible \$6300/100% (w/Child Dental)	HMO_MCE_HSA_Bronze_IDV_6300_CD_01_01012014	POL	Other			
9		Mesa County Exclusive HMO Gold - Deductible \$500/Copay \$35 (w/Child Dental)	HMO_MCE_Gold_IDV_500_35_CD_01_01012014	POL	Other			
10		Mesa County Exclusive HMO Silver - Deductible \$1500/Copay \$40 (w/Child Dental)	HMO_MCE_Silver_IDV_1500_40_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
11		Mesa County Exclusive HMO Silver - Deductible \$2500/Copay \$40 (w/Child Dental)	HMO_MCE_Silver_IDV_2500_40_CD_01_01012014	POL	Other			
12		Mesa County Exclusive HMO Silver - Deductible \$3000/Copay \$40 (w/Child Dental)	HMO_MCE_Silver_IDV_3000_40_CD_01_01012014	POL	Other			
13		Mesa County Exclusive HMO Silver HSA - Deductible \$2500/100% (w/Child Dental)	HMO_MCE_HSA_Silver_IDV_2500_CD_01_01012014	POL	Other			
14		New West Focus HMO Bronze - Deductible \$4500/Copay \$50 (w/Child Dental)	HMO_NWF_Bronze_IDV_4500_50_CD_01_01012014	POL	Other			
15		New West Focus HMO Bronze HSA - Deductible \$6300/100% (w/Child Dental)	HMO_NWF_HSA_Bronze_IDV_6300_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
16		New West Focus HMO Silver - Deductible \$1500/Copay \$40 (w/Child Dental)	HMO_NWF_Silver_IDV_1500_40_CD_01_01012014	POL	Other			
17		New West Focus HMO Silver - Deductible \$2500/Copay \$40 (w/Child Dental)	HMO_NWF_Silver_IDV_2500_40_CD_01_01012014	POL	Other			
18		Rocky Mountain View PPO - Deductible \$6350/Copay \$45 - 3 PCP Visits (w/Child Dental)	PPO_View_Catastrophic_IDV_6350_45_CD_01_01012014	POL	Other			
19		Rocky Mountain View PPO Bronze - Deductible \$4500/Copay \$50 (w/Child Dental)	PPO_View_Bronze_IDV_4500_50_CD_01_01012014	POL	Other			
20		Rocky Mountain View PPO Bronze - Deductible \$5500/Copay \$60 (w/Child Dental)	PPO_View_Bronze_IDV_5500_60_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

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LEIF-129012741

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
21		Rocky Mountain View PPO Bronze HSA - Deductible \$6300/100% (w/Child Dental)	PPO_View_HSA_Bronze_IDV_6300_CD_01_01012014	POL	Other			
22		Rocky Mountain View PPO Gold - Deductible \$500/Copay \$35(w/Child Dental)	PPO_View_Gold_IDV_500_35_CD_01_01012014	POL	Other			
23		Rocky Mountain View PPO Silver - Deductible \$3000/Copay \$40 (w/Child Dental)	PPO_View_Silver_IDV_3000_40_CD_01_01012014	POL	Other			
24		Rocky Mountain View PPO Silver - Deductible \$1500/Copay \$40 (w/Child Dental)	PPO_View_Silver_IDV_1500_40_CD_01_01012014	POL	Other			
25		Rocky Mountain View PPO Silver - Deductible \$2500/Copay \$40 (w/Child Dental)	PPO_View_Silver_IDV_2500_40_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
26		Rocky Mountain View PPO Silver HSA - Deductible \$2500/100% (w/Child Dental)	PPO_View_ HSA_Silver _IDV_2500_ CD_01_010 12014	POL	Other			
27		Colorado Springs Health Partners HMO Bronze - Deductible \$4500/Copay \$50	HMO_CSH P_Bronze_I DV_4500_5 0_NCD_01_ 01012014	POL	Other			
28		Colorado Springs Health Partners HMO Bronze HSA - Deductible \$6300/100%	HMO_CSH P_HSA_Bro nze_IDV_63 00_NCD_01_ _01012014	POL	Other			
29		Colorado Springs Health Partners HMO Silver - Deductible \$1500/Copay \$40	HMO_CSH P_Silver_ID V_1500_40 _NCD_01_0 1012014	POL	Other			
30		Colorado Springs Health Partners HMO Silver - Deductible \$3000/Copay \$40	HMO_CSH P_Silver_ID V_3000_40 _NCD_01_0 1012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
31		Mesa County Exclusive HMO - Deductible \$6350/Copay \$45 - 3 PCP Visits	HMO_MCE_Catastrophic_IDV_6350_NCD_01_01012014	POL	Other			
32		Mesa County Exclusive HMO Bronze - Deductible \$4500/Copay \$50	HMO_MCE_Bronze_IDV_4500_50_NCD_01_01012014	POL	Other			
33		Mesa County Exclusive HMO Bronze HSA - Deductible \$6300/100%	HMO_MCE_HSA_Bronze_IDV_6300_NCD_01_01012014	POL	Other			
34		Mesa County Exclusive HMO Gold - Deductible \$500/Copay \$35	HMO_MCE_Gold_IDV_500_35_NCD_01_01012014	POL	Other			
35		Mesa County Exclusive HMO Silver - Deductible \$1500/Copay \$40	HMO_MCE_Silver_IDV_1500_40_NCD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
36		Mesa County Exclusive HMO Silver - Deductible \$2500/Copay \$40	HMO_MCE_Silver_IDV_2500_40_NCD_01_01012014	POL	Other			
37		Mesa County Exclusive HMO Silver - Deductible \$3000/Copay \$40	HMO_MCE_Silver_IDV_3000_40_NCD_01_01012014	POL	Other			
38		Mesa County Exclusive HMO Silver HSA - Deductible \$2500/100%	HMO_MCE_HSA_Silver_IDV_2500_NCD_01_01012014	POL	Other			
39		New West Focus HMO Bronze - Deductible \$4500/Copay \$50	HMO_NWF_Bronze_IDV_4500_50_NCD_01_01012014	POL	Other			
40		New West Focus HMO Bronze HSA - Deductible \$6300/100%	HMO_NWF_HSA_Bronze_IDV_6300_NCD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
41		New West Focus HMO Silver - Deductible \$1500/Copay \$40	HMO_NWF_Silver_IDV_1500_40_NCD_01_01_012014	POL	Other			
42		New West Focus HMO Silver - Deductible \$2500/Copay \$40	HMO_NWF_Silver_IDV_2500_40_NCD_01_01_012014	POL	Other			
43		Rocky Mountain View PPO - Deductible \$6350/Copay \$45 - 3 PCP Visits - catastrophic	PPO_View_Catastrophic_IDV_6350_45_NCD_01_01012014	POL	Other			
44		Rocky Mountain View PPO Bronze - Deductible \$4500/Copay \$50	PPO_View_Bronze_IDV_4500_50_NCD_01_01_012014	POL	Other			
45		Rocky Mountain View PPO Bronze - Deductible \$5500/Copay \$60	PPO_View_Bronze_IDV_5500_60_NCD_01_01_012014	POL	Other			

SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
46		Rocky Mountain View PPO Bronze HSA - Deductible \$6300/100%	PPO_View_ HSA_Bronz e_IDV_6300 _NCD_01_0 1012014	POL	Other			
47		Rocky Mountain View PPO Gold - Deductible \$500/Copay \$35	PPO_View_ Gold_IDV_5 00_35_NCD _01_010120 14	POL	Other			
48		Rocky Mountain View PPO Silver - Deductible \$1500/Copay \$40	PPO_View_ Silver_IDV_ 1500_40_N CD_01_010 12014	POL	Other			
49		Rocky Mountain View PPO Silver - Deductible \$2500/Copay \$40	PPO_View_ Silver_IDV_ 2500_40_N CD_01_010 12014	POL	Other			
50		Rocky Mountain View PPO Silver - Deductible \$3000/Copay \$40	PPO_View_ Silver_IDV_ 3000_40_N CD_01_010 12014	POL	Other			

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Lead Form Number: HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
51		Rocky Mountain View PPO Silver HSA - Deductible \$2500/100%	PPO_View_HSA_Silver_IDV_2500_NCD_01_01_012014	POL	Other			
52		Mesa County Exclusive HMO Bronze - Deductible \$5500/Copay \$60	HMO_MCE_Bronze_IDV_5500_60_NCD_01_01_012014	POL	Other			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Rocky Mountain HMO	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	0							
Policy Holders:	0							

State: Colorado**Filing Company:** Rocky Mountain HMO**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO**Product Name:** HMO Individual**Project Name/Number:** January 2014 HMO Individual/

Rate Review Detail

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

COMPANY:

Company Name: Rocky Mountain HMO
HHS Issuer Id: 97879
Product Names: Colorado Springs Health Partners HMO, Mesa County Exclusive
HMO, Rocky Mountain View PPO, New West Focus HMO
Trend Factors: Total annual blended medical/pharmacy trend is based on historical trend. Total annual trend is 16.3%.

FORMS:

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

New Policy Forms:

HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014,
HMO_CSHP_HSA_Bronze_IDV_6300_CD_01_01012014,
HMO_CSHP_Silver_IDV_1500_40_CD_01_01012014,
HMO_CSHP_Silver_IDV_3000_40_CD_01_01012014,
HMO_MCE_Catastrophic_IDV_6350_CD_01_01012014,
HMO_MCE_Bronze_IDV_4500_50_CD_01_01012014,
HMO_MCE_Bronze_IDV_5500_60_CD_01_01012014,
HMO_MCE_HSA_Bronze_IDV_6300_CD_01_01012014,
HMO_MCE_Gold_IDV_500_35_CD_01_01012014,
HMO_MCE_Silver_IDV_1500_40_CD_01_01012014,
HMO_MCE_Silver_IDV_2500_40_CD_01_01012014,
HMO_MCE_Silver_IDV_3000_40_CD_01_01012014,
HMO_MCE_HSA_Silver_IDV_2500_CD_01_01012014,
HMO_NWF_Bronze_IDV_4500_50_CD_01_01012014,
HMO_NWF_HSA_Bronze_IDV_6300_CD_01_01012014,
HMO_NWF_Silver_IDV_1500_40_CD_01_01012014,
HMO_NWF_Silver_IDV_2500_40_CD_01_01012014,
PPO_View_Catastrophic_IDV_6350_45_CD_01_01012014,
PPO_View_Bronze_IDV_4500_50_CD_01_01012014,
PPO_View_Bronze_IDV_5500_60_CD_01_01012014,
PPO_View_HSA_Bronze_IDV_6300_CD_01_01012014,
PPO_View_Gold_IDV_500_35_CD_01_01012014,
PPO_View_Silver_IDV_3000_40_CD_01_01012014,
PPO_View_Silver_IDV_1500_40_CD_01_01012014,
PPO_View_Silver_IDV_2500_40_CD_01_01012014,
PPO_View_HSA_Silver_IDV_2500_CD_01_01012014, ,
HMO_CSHP_Bronze_IDV_4500_50_NCD_01_01012014,
HMO_CSHP_HSA_Bronze_IDV_6300_NCD_01_01012014,
HMO_CSHP_Silver_IDV_1500_40_NCD_01_01012014,
HMO_CSHP_Silver_IDV_3000_40_NCD_01_01012014,
HMO_MCE_Catastrophic_IDV_6350_NCD_01_01012014,
HMO_MCE_Bronze_IDV_4500_50_NCD_01_01012014,
HMO_MCE_Bronze_IDV_5500_60_NCD_01_01012014,
HMO_MCE_HSA_Bronze_IDV_6300_NCD_01_01012014,
HMO_MCE_Gold_IDV_500_35_NCD_01_01012014,
HMO_MCE_Silver_IDV_1500_40_NCD_01_01012014,
HMO_MCE_Silver_IDV_2500_40_NCD_01_01012014,
HMO_MCE_Silver_IDV_3000_40_NCD_01_01012014,
HMO_MCE_HSA_Silver_IDV_2500_NCD_01_01012014,
HMO_NWF_Bronze_IDV_4500_50_NCD_01_01012014,
HMO_NWF_HSA_Bronze_IDV_6300_NCD_01_01012014,
HMO_NWF_Silver_IDV_1500_40_NCD_01_01012014,
HMO_NWF_Silver_IDV_2500_40_NCD_01_01012014,
PPO_View_Catastrophic_IDV_6350_45_NCD_01_01012014,
PPO_View_Bronze_IDV_4500_50_NCD_01_01012014,
PPO_View_Bronze_IDV_5500_60_NCD_01_01012014,
PPO_View_HSA_Bronze_IDV_6300_NCD_01_01012014,

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

PPO_View_Gold_IDV_500_35_NCD_01_01012014,
PPO_View_Silver_IDV_1500_40_NCD_01_01012014,
PPO_View_Silver_IDV_2500_40_NCD_01_01012014,
PPO_View_Silver_IDV_3000_40_NCD_01_01012014,
PPO_View_HSA_Silver_IDV_2500_NCD_01_01012014

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 273,608
Benefit Change: None
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 155,433,936.00
Projected Incurred Claims: 123,320,425.00
Annual \$: Min: 118.13 Max: 1,499.56 Avg: 365.79

SERFF Tracking #:	LEIF-129012741	State Tracking #:	278024	Company Tracking #:	LEIF-129012741
State:	Colorado	Filing Company:	Rocky Mountain HMO		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	HMO Individual				
Project Name/Number:	January 2014 HMO Individual/				

Rate/Rule Schedule

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
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SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

HMO Individual

Project Name/Number:

January 2014 HMO Individual/

1	January 2014 RMHMO Individual	HMO_CSHP_Bronze_IDV_4500_50_CD_01_01012014, HMO_CSHP_HSA_Bronze_IDV_6300_CD_01_01012014, HMO_CSHP_Silver_IDV_1500_40_CD_01_01012014, HMO_CSHP_Silver_IDV_3000_40_CD_01_01012014, HMO_MCE_Catastrophic_IDV_6350_CD_01_01012014, HMO_MCE_Bronze_IDV_4500_50_CD_01_01012014, HMO_MCE_Bronze_IDV_5500_60_CD_01_01012014, HMO_MCE_HSA_Bronze_IDV_6300_CD_01_01012014, HMO_MCE_Gold_IDV_500_35_CD_01_01012014, HMO_MCE_Silver_IDV_1500_40_CD_01_01012014, HMO_MCE_Silver_IDV_2500_40_CD_01_01012014, HMO_MCE_Silver_IDV_3000_40_CD_01_01012014, HMO_MCE_HSA_Silver_IDV_2500_CD_01_01012014, HMO_NWF_Bronze_IDV_4500_50_CD_01_01012014, HMO_NWF_HSA_Bronze_IDV_6300_CD_01_01012014, HMO_NWF_Silver_IDV_1500_40_CD_01_01012014,	New		January 2014 Rates & Factors HMO Individual.xls,
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SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State: Colorado
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: HMO Individual
Project Name/Number: January 2014 HMO Individual/

Filing Company: Rocky Mountain HMO

			40_CD_01_01012014, HMO_NWF_Silver_IDV_2500_ 40_CD_01_01012014, PPO_View_Catastrophic_IDV_ 6350_45_CD_01_01012014, PPO_View_Bronze_IDV_4500 _50_CD_01_01012014, PPO_View_Bronze_IDV_5500 _60_CD_01_01012014, PPO_View_HSA_Bronze_IDV _6300_CD_01_01012014, PPO_View_Gold_IDV_500_35 _CD_01_01012014, PPO_View_Silver_IDV_3000_ 40_CD_01_01012014, PPO_View_Silver_IDV_1500_ 40_CD_01_01012014, PPO_View_Silver_IDV_2500_ 40_CD_01_01012014, PPO_View_HSA_Silver_IDV_2 500_CD_01_01012014, HMO_CSHP_Bronze_IDV_450 0_50_NCD_01_01012014, HMO_CSHP_HSA_Bronze_ID V_6300_NCD_01_01012014, HMO_CSHP_Silver_IDV_1500 _40_NCD_01_01012014, HMO_CSHP_Silver_IDV_3000 _40_NCD_01_01012014, HMO_MCE_Catastrophic_IDV _6350_NCD_01_01012014,			
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SERFF Tracking #:

LEIF-129012741

State Tracking #:

278024

Company Tracking #:

LEIF-129012741

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

HMO Individual

Project Name/Number:

January 2014 HMO Individual/

			HMO_MCE_Bronze_IDV_4500 _50_NCD_01_01012014, HMO_MCE_Bronze_IDV_5500 _60_NCD_01_01012014, HMO_MCE_HSA_Bronze_IDV _6300_NCD_01_01012014, HMO_MCE_Gold_IDV_500_35 _NCD_01_01012014, HMO_MCE_Silver_IDV_1500_ 40_NCD_01_01012014, HMO_MCE_Silver_IDV_2500_ 40_NCD_01_01012014, HMO_MCE_Silver_IDV_3000_ 40_NCD_01_01012014, HMO_MCE_HSA_Silver_IDV_ 2500_NCD_01_01012014, HMO_NWF_Bronze_IDV_4500 _50_NCD_01_01012014, HMO_NWF_HSA_Bronze_IDV _6300_NCD_01_01012014, HMO_NWF_Silver_IDV_1500_ 40_NCD_01_01012014, HMO_NWF_Silver_IDV_2500_ 40_NCD_01_01012014, PPO_View_Catastrophic_IDV_ 6350_45_NCD_01_01012014, PPO_View_Bronze_IDV_4500 _50_NCD_01_01012014, PPO_View_Bronze_IDV_5500 _60_NCD_01_01012014, PPO_View_HSA_Bronze_IDV		
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

			<div><div>_6300_NCD_01_01012014, PPO_View_Gold_IDV_500_35 _NCD_01_01012014, PPO_View_Silver_IDV_1500_ 40_NCD_01_01012014, PPO_View_Silver_IDV_2500_ 40_NCD_01_01012014, PPO_View_Silver_IDV_3000_ 40_NCD_01_01012014, PPO_View_HSA_Silver_IDV_2 500_NCD_01_01012014</div></div>			
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SERFF Tracking #:	LEIF-129012741	State Tracking #:	278024	Company Tracking #:	LEIF-129012741
<hr/>					
State:	Colorado	Filing Company:	Rocky Mountain HMO		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	HMO Individual				
Project Name/Number:	January 2014 HMO Individual/				

Attachment January 2014 Rates & Factors HMO Individual.xls is not a PDF document and cannot be reproduced here.

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Supporting Document Schedules

Bypassed - Item:	HR-1 Form (H)
Bypass Reason:	Based on guidance from the Divison, this document is no longer required.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	This is an initial product filing. The requirement criteria is not satisified for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Individual 2014 Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTRMHMOIND.xlsx URRTRMHMOINDFINAL5-17-2013.xls
Item Status:	
Status Date:	

Satisfied - Item:	Vauhn Index
Comments:	
Attachment(s):	2014 HMO Individual Vaughn Index 2014 01.pdf
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-31-2013.xls Actuarial Memorandum Individual HMO 5-31-2013.pdf Benefit Summary Table Individual HMO 5-31-2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Letter of Auth
Comments:	
Attachment(s):	HMO Letter of Authorization For 2014 SERFF Filing.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample Individual HMO 6-3-2013.xls Rate Sample Individual HMO 6-3-2013.pdf
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Attachment URRTRMHMOIND.xlsx is not a PDF document and cannot be reproduced here.

Attachment URRTRMHMOINDFINAL5-17-2013.xls is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memorandum Individual HMO 5-31-2013.xls is not a PDF document and cannot be reproduced here.

Attachment Rate Sample Individual HMO 6-3-2013.xls is not a PDF document and cannot be reproduced here.

ACTUARIAL MEMORANDUM AND CERTIFICATION

Re: Rocky Mountain HMO
2014 Individual Plan Rates

Date: May 3, 2013

General Information

Company Identifying Information

- Company Legal Name: Rocky Mountain HMO
- State: Colorado
- HIOS Issuer ID: 97879
- Market: Individual
- Effective Date: January 1, 2014

Company Contact Information

- Primary Contact Name: Barry Barak
- Primary Contact Telephone Number: 970-244-7978
- Primary Contact Email Address: Barry.Barak@rmhp.org

Proposed Rate Increase(s)

This filing is for new QHP products that will be sold through the Colorado Exchange as well as in the individual market outside the Exchange. This is not a rate increase.

No experience period claims are provided in the Unified Rate Review Template (URRT), since this is not a rate increase. The URRT would not accept a PMPM of zero for the experience period claims, so we entered placeholder utilization and unit costs in the prescription drug line to create a PMPM of \$1.00 so that the URRT would function properly.

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used

Rocky Mountain HMO has no non-grandfathered incurred claim experience for use in the development of the manual rate. The allowed claims experience of Rocky Mountain HMO's affiliate company Rocky Mountain Health Care Option's existing individual grandfathered and non-grandfathered business was used as a starting point for the development of the new 2014 products. Adjustments were made for demographics, morbidity, geographic area, benefits, and trend. Rocky Mountain Health Care Option's individual product line 2012 data included \$70.9 million in allowed claims and approximately 273,000 member months.

Adjustments Made to the Data

The proposed 2014 rates were impacted by the following factors:

- The new population that will be insured is expected to be a much higher risk than the current insured population which was issued with medical underwriting, as evidenced by the Society of Actuaries study which estimated a 39.1% increase in cost in Colorado.
- There are many new benefits that must be covered, such as pediatric vision, pediatric dental, substance abuse, women's wellness, and habilitative benefits. Annual dollar limits have been removed. These changes all added significant cost to the new plan designs.
- Annual increases in the cost of health care are expected to continue, since there are no inherent cost controls in the new plan designs.
- New fees and taxes include the following:
 - An Exchange fee of 1.4% plus \$1.80 PMPM
 - A health insurance provider fee
 - A charge for risk adjustment and data collection
 - The patient-centered outcomes research tax
 - The \$5.25 PMPM transitional reinsurance contribution

The following bullets describe the development of the 2014 individual rates. The numbers shown below do not coincide with the numbers in the URRT, since we did not develop the rates in the way demonstrated in the URRT. The development of the numbers in the URRT is described later in this memorandum.

We made the following adjustments to the 2012 allowed claims for the existing individual business in the development of the 2014 allowed claim estimates.

- We first developed an allowed 2012 PMPM for each category of service: Inpatient, Outpatient, Professional, Other, Capitation and Pharmacy. The experience contained a mix of pharmacy plan types, but only those plans covering generic and brand drugs were included in the development.
- Using the current member distribution by age, we calculated the average age factor using the mandated 2014 age factors. The average age factor was 1.235.
- Using the current member family size, we calculated an adjustment factor to recognize the 2014 cap on the number of child rates. The adjustment factor was 0.995.
- New geographic factors were created for the eleven new rating regions defined by the State of Colorado. The combined individual and small group experience of the affiliated companies Rocky Mountain HMO and Rocky Mountain Health Care Options was used to develop the cost difference by rating region. The experience of the two companies was combined to increase the credibility of experience in each region and was appropriate due to the minimal differential in provider contracting between the two companies. The average factor for the sample population was 1.040.
- We then normalized the allowed claim experience to a factor of 1.00, which would be that for a member aged 21-24, by dividing by the three prior factors.
- We evaluated the cost impact of new essential health benefits, which included the following:
 - Pediatric vision
 - Pediatric dental
 - Substance abuse
 - Women's wellness benefits
 - Habilitative care

We estimated that these new benefits would add \$17.93 PMPM to the allowed claims.

- We increased the claim costs for the projected impact to the individual market of new populations entering the market. We relied on the findings of the Society of Actuaries study *Cost of the Future Newly Insured under the Affordable Care Act (ACA), February 2013*. For the state of Colorado with no Medicaid expansion, the projected change in the individual market PMPM was 39.1%. We increased the normalized allowed claim cost by 26.2%. The adjustment was based on a member weighting by product line in the experience as a proxy for duration since issue.
- We then trended the claim costs to 2014, using an 16.3% trend factor for 24 months. The 16.3% trend was developed from historical claim experience and adjusted for historical changes in demographics and mix of business.

We further adjusted the claim costs to a market-wide gross premium rate by making the following additional adjustments.

- We adjusted for expected reinsurance recoveries, as follows:
 - A 10.5% reduction for expected recoveries from the transitional reinsurance program. This percentage was established from a study of the individual business 2012 claims. The amount fell within the expected range of 10% to 15%.
 - The company will also have a traditional reinsurance policy for this line of business with an attachment point of \$800,000 in 2014. We reduced allowed claims by 1.8% for expected recoveries from this policy.
- We added non-claim expense items for fixed costs, administration, taxes and fees. The expenses are described later in this memorandum.
- The final 2014 gross premium index rate (using our definition as the single market-wide premium rate that all factors are applied to) is \$437.01. All other factors for plan design, age, geographic location, and tobacco use are applied against this gross premium rate to arrive at the rates for each individual member. This is explained further later in this memorandum.

Paid to Allowed Ratio: Development of Plan Values

Rocky Mountain HMO will offer ten products in the individual market. Within each product, the company will offer plan designs with varying coverage of Pediatric Dental and network availability. The products will be sold inside and/or outside the Exchange with the same rates as indicated in the URRT.

The plan factors are shown in attached URRT. These plan factors were developed from a proprietary plan value model which uses the company's own utilization and unit costs for all components of health services. The model applies applicable plan deductibles, coinsurance, out of pocket maximums, and copays to determine the total combined value of all components of cost sharing, and compares the remaining plan cost to the total cost of care to arrive at the plan value that is used in pricing each particular plan design. The plan factors are the paid to allowed ratios for each plan.

Risk Adjustment and Reinsurance

We did not assume any risk adjustment transfers in the pricing. Any assumptions we might make about the risk profile of the population that will be insured by Rocky Mountain HMO in 2014 would be purely speculative. We have no reason to believe that Rocky Mountain HMO will attract members with either higher or lower than average risk. Thus, assuming a risk adjustment transfer did not seem appropriate.

As stated above, we applied a 10.5% reduction for expected recoveries from the transitional reinsurance program. This percentage was established from a study of the individual 2012 claims by applying the federal reinsurance formula to those claims. The amount fell within the expected range of 10% to 15%. The reduction was applied in the development of the market-wide gross premium index rate, and thus

was applied proportionately across all plans. The reinsurance contribution was assumed to be \$5.25 per member per month and was added as a fixed cost in the calculation of the gross premium index rate. The assumed net reinsurance recovery is \$21.16 PMPM, which is shown on Worksheet 1 of the URRT.

Non-Benefit Expenses, Profit and Risk

Administrative Expense Load

The administrative expense load includes 15.2% for general administration, claims adjustment and commissions. Rocky Mountain HMO has less than 100 individual lives so a comparison to the company's annual statement is not relevant. The number however is appropriate when compared to the general administrative expenses and claims adjustment expenses shown in the company's 2011 annual statement for small group.

Profit and Risk Margin

The rate development assumes 3% for margin and contingencies, which includes both profit and risk margin.

Taxes and Fees

The taxes and fees that have been included in the development of the gross premium index rate are as follows:

Item	Estimated % of Premium
Health Insurance Provider Tax	0.50%
Exchange Fee	1.90%
Patient Centered Outcomes Research Tax	0.04%
Risk Adjustment and Data Collection	0.02%
Transitional Reinsurance Contribution	1.34%
Total	3.77%

Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology is demonstrated below.

Numerator

Incurred claims	\$311.37
Transitional reinsurance receipts	(\$26.41)
Risk corridors and risk adjustment payments	\$0.00
Risk corridors and risk adjustment related receipts	\$0.00
	<u>\$284.96</u>

Denominator

Earned premiums	\$365.79
Federal and state taxes and assessments	\$0.00
Licensing and regulatory fees, incl transitional reins contribs	<u>(\$14.13)</u>
	\$351.66

MLR	81.0%
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Allowed Claim Index Rate

The Part I Unified Rate Review template does not demonstrate the process we used to develop the rates. Rather, it represents information required by Federal regulation to be provided for certification of qualified

health plans for Federally Facilitated Exchanges and for certification that the index rate is developed in accordance with Federal regulation and is used consistently and only adjusted by the allowable modifiers.

The index rate is defined in the URRT as allowed claims PMPM for essential health benefits. We did not calculate the rates with this starting point. We built the rates for the individual market using the methodology described earlier in this memorandum to arrive at a gross premium index rate to which all factors could be applied to arrive at the rates for each plan and each member. We developed plan value factors (also described earlier in this memorandum) and calculated the claim and premium estimates for each plan. We then developed an estimate of projected enrollment in each plan to arrive at average cost sharing, incurred claims, and premium across the individual single risk pool.

For the Catastrophic plan, we assumed that the average age factor would be 1.00. For all other plans, we assumed an average age factor of 1.235. We assumed an equal distribution of members across all eleven of the geographic areas, with an average factor of 1.040. The average tobacco factor allowed by the State of Colorado for individual plans is 1.15. Due to the template limitations on varying the tobacco factor by age for 2014, the plan will use a factor of 1.000 for 2014. We did not make any adjustments for morbidity in the Catastrophic plan, assuming that morbidity is adequately reflected in the age factors for the ages that are allowed to purchase that plan.

The average rate for each of the plans was developed by multiplying the gross premium index rate times the plan factor times the average age factor times the average geographic factor times the average tobacco factor for each plan. The average rate shown in the URRT is \$365.79.

With this approach, we were able to “work backwards” to develop the allowed claim index rate by removing the administrative, profit, fee, and tax loadings, adding back the reinsurance payments, and adding back the member cost sharing. This is demonstrated in the following table.

Item	PMPM
Average Premium Rate	\$365.79
Subtract Loadings for Admin, Profit, Fees, Taxes	(\$75.57)
	\$290.21
Add Net Reinsurance	\$21.16
	\$311.37
Add Member Cost Share	\$163.87
Allowed Claim Index Rate	\$475.24

AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review template were based entirely on the AV Calculator.

AV Pricing Values

The fixed reference plan used as the basis for the AV Pricing Values is a plan that pays 100% of all essential health benefits. The plan factors were developed from a proprietary plan value model which uses the company's own utilization and unit costs for all components of health services. The model applies plan deductibles, coinsurance, out of pocket maximums, and copays to determine the total combined value of all components of cost sharing, and compares the remaining plan cost to the total cost of care to arrive at the plan value that is used in pricing each particular plan design.

Membership Projections

We projected 2014 enrollment in the plans by reviewing the enrollment pattern in existing plans and assuming that current members will purchase a plan with similar value to the plan they are currently enrolled in. We assumed that the company's individual enrollment will increase by 56.23% from its current level. This is based on the previously mentioned Society of Actuaries study that projected the potential growth of the individual market in 2014. We are projecting that 31.1% of the members will purchase the product with pediatric dental. We assumed that all of the new entrants to the market will purchase plans in the same proportion as the current distribution. Based on these assumptions, our 2014 enrollment projections are shown in Exhibit A.

For the Silver plan, we estimated the portion of projected enrollment that will be eligible for cost sharing reduction subsidies at each subsidy level based on information found in the previously mentioned Society of Actuaries study. The assumptions were as follows:

FPL	Distribution
100-150%	38%
150-200%	17%
200-250%	11%
250%+	35%
	100%

Warning Alerts

There are two warning alerts in Worksheet 2, as follows:

- **Line 82, Total Premium.** The difference between the two numbers is \$4,390, out of a total of \$155.4 million. We assume this to be due to rounding differences. The warning requires an exact match which cannot be achieved unless all rounding protocols are the same. We respectfully suggest that this requirement be changed to allow for small rounding differences.
- **Line 86, Total Allowed Claims.** The difference between the two numbers is approximately the net amount of reinsurance. We understand that the definition for this line says that net reinsurance should be subtracted. However, reinsurance is subtracted again in line 93, so if line 86 is completed as defined, then the lines below will not match and will create warnings. We respectfully suggest that this be corrected with a future version of the URRT.

Actuarial Certification

I, Julie A. Andrews, am associated with the firm of Leif Associates, Inc. I am a member of the American Academy of Actuaries and have been retained by Rocky Mountain HMO, to perform this rate development. I meet the Academy qualification standards for performing this assignment.

The Part I Unified Rate Review template does not demonstrate the process used to develop the rates. Rather, it represents information required by Federal regulation to be provided for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and is used consistently and only adjusted by the allowable modifiers.

I hereby certify that:

- The rates were developed in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
- The rates were developed in compliance with the applicable Actuarial Standards of Practice.

- The rates are reasonable in relation to the benefits provided and the population anticipated to be covered.
- Based on information currently available, the rates are believed to be neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80 (d)(1) and 45 CFR 156.80 (d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.



Julie A. Andrews, FSA, MAAA
Consulting Actuary
Leif Associates, Inc.
1515 Arapahoe St., Tower 1, Suite 530
Denver, CO 80202
(303) 294-0994

May 3, 2013

VAUGHN INDEX

REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Barry Barak, Director of Rating

Company: Rocky Mountain HMO

Address: 2775 Crossroads Blvd.
Grand Junction, CO 81506-8758

Telephone: 970-244-7978

Facsimile: 970-248-5080

2. Identification of Information or Documents for Which Confidential or Privileged Status is Requested:

No.	Description of Document	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority if known)	Reason why it applies
01	January 1, 2014 Individual Rate Filing Exhibit C1 – Rate Development Methodology	5/15/13	Barry Barak	Tom Abel	Trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. 24-72-204(3)(a)(IV), CRS. HMO's rating practices constitute trade secrets and contain confidential commercial and financial data. Such data is not subject to public inspection or disclosure.	This exhibit is a narrative of the premium rate build-up that is presented in the tables and formulas included in subsequent exhibits of this filing. The formulas and data discussed in this exhibit form the core of our rating practices and calculations and are, as such, proprietary and confidential. Confidential items contained in this exhibit include medical and pharmacy cost and utilization trends; hospital and physician reimbursement trends; the impact of demographic changes; details of medical expense components; and actual PMPM dollar amounts used in determining premium adequacy and the need for a rate change. While we affirm that the percentage change to the Index Rate (and the new Index Rate) that results from these

						<p>inputs and calculations is an item subject to public disclosure, we hold that the inputs and calculations themselves are not.</p> <p>While Expense Loading on a Percent-of-Premium basis is being made public elsewhere in this filing, this exhibit contains the actual PMPM dollars underlying that percentage. Those amounts, although useful to the Division in evaluating this filing, are considered confidential financial data</p>
02	<p>January 1, 2014 Individual Rate Filing</p> <p>Exhibit C2 – Rate Development</p>	5/15/13	Barry Barak	Tom Abel	<p>Trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. 24-72-204(3)(a)(IV), CRS. HMO's rating practices constitute trade secrets and contain confidential commercial and financial data. Such data is not subject to public inspection or disclosure.</p>	<p>This exhibit contains claim projection formulas and detailed claims and cost-sharing dollars, medical and Rx trend assumptions and Rx rebate information, all of which are confidential commercial and financial data and are, therefore, considered to be proprietary and not subject to public disclosure.</p> <p>This exhibit contains the actual rating formula used to determine rate adequacy and calculate required rate changes. It is the heart of our rating model and is, therefore, proprietary and not subject to disclosure. The detailed inputs to the formula include projected claims, demographic adjustments and retention components (in factor and dollar format) which are confidential commercial and financial data and not subject to disclosure.</p>
03						
04						
05						
06						

3. Name of Division Employee: _____

Date Request Received: _____

ACTUARIAL CERTIFICATION

Re: Rocky Mountain HMO
Individual Rate Filing – Individual Plans
Reference:
SERFF Filing #: LEIF-129012741
SERFF Binder Filing #: RCKY-CO14-125000926

Date: May 3, 2013

Actuarial Certification

Based on information provided to me by Rocky Mountain HMO, I hereby certify that, to the best of my knowledge and belief, the proposed rates are reasonable in relation to the benefits provided and are not inadequate, excessive, or unfairly discriminatory.



5-3-2013

Consulting Actuary
Leif Associates, Inc.
1515 Arapahoe St., Tower 1, Suite 530
Denver, CO 80202
(303) 294-0994

Limited Cost Sharing Plan Variation— Estimated Advance Payment Supporting Documentation and Justification

Please fill in the following information.

HIOS Issuer ID: 97879 Rocky Mountain HMO

**Applicable HIOS Plan IDs (Standard Component) with nonzero values in the “Limited
Cost Sharing Plan Variation- Estimated Advance Payment”:** None

Certification Language:

The requested Limited CSR advance payment for each plan listed above is

- (i) no greater than the advance payment that would be calculated under the HHS advance payment methodology for the zero cost sharing plan variation for the same QHP; and
- (ii) based on an analysis performed by a member of the American Academy of Actuaries in accordance with generally accepted actuarial principles and methodologies.

Actuary Signature: _____



Actuary Printed Name: Julie A. Andrews , FSA, MAAA

Date: May 10, 2013

ACTUARIAL MEMORANDUM		
Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.		
Instructions/Descriptions		
Company:	Rocky Mountain HMO	Company Name
NAIC #:	95482	NAIC Company Code (CoCode)
SERFF Filing #:	LEIF-129012741	SERFF Filing Number
SERFF Binder Filing #:	RCKY-CO14-125000926	
A: SUMMARY		
1. Reason(s):	This filing is a new rate filing for new non-grandfathered products to be offered inside and outside the exchange.	A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.
2. Requested Rate Action:	0%	The overall rate increase or decrease amount should be listed. List rate change and average change in each component of rate changes and renewal by effective months. List 12 month renewal with changes by component and the averages by component.
3. Marketing method(s):	These plans will be marketed through the exchange and via ads in print, online and on radio and are sold via independent brokers, an RMHP website, and by direct sale through a call-center for incoming calls.	A brief description of the marketing method used for the filed form should be listed. (Agency/Broker, Internet, Direct Response, Other)
4. Premium Classification(s):	The premium rates may vary by age, plan design, geographic region, tobacco use, and family size.	The section should state all attributes upon which the premium rates vary. This must comply with the new rating reforms.
5. Product Description(s):	Please reference the Plan and Benefit Template provided in the Binder #RCKY-CO14-125000926	This section should describe the benefits provided by the policy. •Must include EHB and list any substitution of benefits or any additional benefits above the EHB.
6. Policy/Rider Impacted:	Please see Form Schedule tab in SERFF.	This can be completed on the form schedule tab in SERFF
7. Age Basis:	The premium charged to individual members is on an attained age basis.	A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.
8. Renewability provision:	These products are guaranteed renewable.	All policies should be guaranteed renewable.
Additional Information:		
B. ASSUMPTION, MERGER OR ACQUISITION		
1. Is product part of assumption, acquisition, or merger (from or with another company)?	No, these products are not part of any assumption or acquisition.	Yes/No
Assumption:	No	Yes/No
Acquisition:	No	Yes/No
Merger:	No	Yes/No
2. If yes, provide name of company(s):	NA	Company Name
3. Closing Date of assumption, merger or acquisition:	NA	DD/MM/YYYY
Additional Information:	NA	
C. RATING PERIOD		The memorandum must identify the period for which the rates will be effective.
Proposed Effective Date: (may not say "upon approval")	1/1/2014	Date (DD/MM/YYYY)
Rating Period:	Annual	(Annual, Semi-Annual, Quarterly, Other)
Rating Period Dates:	1/1/2014 to 12/31/2014	DD/MM/YYYY to DD/MM/YYYY
D. EFFECT OF LAW CHANGES		
Identify and quantify changes resulting from mandated benefits and other law changes:	<p>Effective January 1, 2014, the provisions of federal health care reform (PPACA) to make care affordable and accessible for all Americans by requiring for example, that health plans cover Essential Health Benefits on a guaranteed issue basis. In addition, the exchange provisions of the regulation will be fully implemented along with the fees associated with the exchange. Included are the Women's Preventive Services implemented August 2012 providing specified preventive services without cost sharing.</p> <p>Per the May 6, 2013 "Carrier EHB Instructions.pdf" Benefit Specific Instructions provided for the Plans and Benefits Template, RMHP has utilized both Option 1 and Option 2 as described here:</p> <ul style="list-style-type: none">• Anesthesia – (Option 2): Other anesthesia is addressed via the explanation field under “Outpatient Surgery” and “Inpatient Hospital benefit” as coinsurance after deductible. Dental Anesthesia is currently called out separately in the template – addressed as such with limitation for children who meet certain criteria.• Breast Reconstruction Surgery – (Option 2): Addressed in template under "Reconstructive Surgery" via the Exclusion section: "Services and supplies not specifically listed as covered in the Evidence of Coverage, such as breast reconstruction except as part of a mastectomy."• Cardiac Rehabilitation – (Option 2): Addressed in template via explanation field under “Outpatient Rehabilitation Services” – coinsurance after deductible.• Pulmonary Rehabilitation – (Option 2): Addressed in template under "Outpatient Rehabilitation Services" – coinsurance after deductible.• Autism Spectrum Disorders – (Option 1): Added Benefit• Hearing Exams – (Option 1): Added Benefit• Smoking Cessation Program – (Option 2): Addressed in template via explanation field under "Preventive Care/Screening/Immunization" – Includes Smoking Cessation .• Contraceptive Services – (Option 1): Added Benefit titled “Outpatient Contraceptive Services Including Sterilizations”. Included this Exclusion language "Over-the-counter contraceptive drugs or devices which do not require a prescription, except those listed as included in the RMHP formulary, abortifacient drugs, reversal of voluntary sterilization, services and procedures to verify the success of reversal of voluntary sterilization."	The memorandum should identify, quantify, and adequately support any changes to the rates, expenses, and/or medical costs that result from changes in law(s) or regulation(s), including federal, state or local. All applicable benefit mandates should be listed, including those with no rating impact. This quantification must include the effect of specific mandated benefits and anticipated changes both individually by benefit, as well as for all benefits combined.

Additional Information:	Additional information regarding the impact of the various implementation elements of the 2014 PPACA regulation may be found in Exhibit C1.	
E. RATE HISTORY		
Provide rate changes made in at least the last three years (If available) N/A (Initial Filing)	Complete tab "Rate History"	
F: COORDINATION OF BENEFITS		
Provides actual loss experience net of any savings:	Rocky Mountain HMO coordinates benefits on its individual policies. The loss experience used in setting the rates is net of any collection of subrogation or coordination of benefits amounts and results in an equitable reduction in premiums for all policyholders.	Each rate filing must reflect actual loss experience net of any savings associated with coordination of benefits and/or subrogation.
Additional Information:	NA	
G. RELATIONSHIP OF BENEFITS TO PREMIUM		
Description	Percentage	
Commissions	5.0%	The memorandum must adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period.
General expenses	10.2%	
Premium taxes	0.0%	
Profit/Contingencies	4.1%	
PPACA Fees	1.9%	
Exchange Fees	1.9%	
Investment Income	-1.1%	
Other		
Total Retention:	22.0%	
Targeted Loss Ratio:	78.0%	(This number should equal 1 minus the total retention percentage listed above.)
H. PROVISION FOR PROFIT AND CONTINGENCIES		
1. Provision for Profit and Contingencies:	3 % Pre-FIT After tax	The memorandum must identify the percentage of the provision for profit and contingencies, and how this provision is included in the final rate. If material, investment income from unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses must be considered in the ratemaking process. Detailed support must be provided for any proposed load.
2. Proposed load in excess of 7% after tax.	NA	
Provide detailed support:	The proposed rates contain a 3.0% provision for profit/contingencies, including investment income	
Additional Information:	NA	
I. DETERMINATION OF PROPOSED RATES		
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)		The memorandum must contain a section with a complete explanation as to how the proposed rates were determined, including all underlying rating assumptions, with detailed support for each assumption. This includes all rating factors.
1. Explain, in detail, how rates and/or rate changes were developed:	The premium rates for the new HMO Individual plans were developed based on the following steps: <ul style="list-style-type: none">• The allowed claim costs underlying the individual plans were trended to the rating period• The trended claim costs were adjusted for the anticipated impact of federal health reform measures that have become effective and will be effective on January 1, 2014. These adjustments include Women's Wellness effective August 1, 2012,• The trended claims costs were adjusted for the mix of business to determine the indicated HMO Individual Base Rate. These adjustments include age, family mix and geographic mix.• The adjusted trended claims costs were adjusted for retention components, new taxes and exchange fees to generate the full index rate for the single risk pool.	
2. Provide adequate support for all assumptions and methodologies used:	Additional detail supporting all assumptions may be found in Exhibit C1.	
J. TREND		
Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs		Describe the trend assumptions used in pricing. Each assumption must be separately discussed, adequately supported, and must also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported. The Total Average Annualized Trend MUST be filled out. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.
Itemized trend component	Trend (%)	
MEDICAL TREND (total)	0.167	
Medical provider price increase	0.115	
Utilization changes	0.047	
Medical cost shifting		
Medical procedures and new technology		
INSURANCE TREND (total)		
Underwriting wearoff		
Deductible leveraging		
Anti-selection		

PHARMACEUTICAL TREND (total)	0.124	
Price increases	0.255	
Utilization changes	0.059	
Cost shifting		
Introduction of new brand and generic drugs	-0.154	
TOTAL AVERAGE ANNUALIZED TREND (required)	0.163	
Additional information:	Additional detail supporting all assumptions may be found in Exhibit C1.	
K. CREDIBILITY		
		The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience. Discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Identify and discuss the source, applicability and use of collateral data used to support partially credible Colorado data. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is $\text{SQRT}\{(\text{\#life years or claims})/\text{full credibility standard}\}$. The full credibility standard is defined above
1. Credibility Percentage (Colorado Only):	100 % If other, please specify	
The above credibility percentage is based upon:	The data meets both credibility criteria, life years and claims for Colorado.	
Other (please specify)	NA	
2. Number of years of data used to calculate above credibility percentage:	1	
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	The experience data was based on 273,608 member months with 371,953 claims.	
Additional Information: (including collateral data, if used)	NA	
L. DATA REQUIREMENTS	Complete tab "Data Requirements"	
M. SIDE-BY-SIDE COMPARISON	Complete tab "Side by Side Comparison"	
N. BENEFITS RATIO PROJECTIONS	Complete tab "Projected Benefits Ratio"	
O. OTHER FACTORS		
	A complete set of rates and rating factors effective January 1, 2014 can be found in Worksheet "Rate Manual" of this file.	The memorandum must clearly display or clearly reference all other rating factors and definitions, including the area factors, age factors, gender factors, etc., and support for each of these factors in a new rate filing. The same level of support for changes to any of these factors must be included in renewal rate filings. In addition, the Commissioner expects each carrier to review each of these rating factors at least every five years and provide detailed support for the continued use of each of these factors in a rate filing. Gender factors shall not vary for individual health care coverage effective on or after January 1, 2011. See Section 8.C of this regulation.
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:		
Additional Information:	The requested "Rate Sample" based on (a. 40 year old non-smoker b. Each metal level c. Each Network if multiple networks in an area) as specified in the FAQ response to Question 3, dated 4/30/2013 may be found in Worksheet "Rate Sample" of this file.	

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available) N/A (Initial Filing)					
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months
NATIONWIDE					
Effective Date	Average % of change	Cumulative for past 12 Months			
Additional Information:					

L. DATA REQUIREMENTS								
Colorado-only basis for at least 3 years. Include national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.								
COLORADO								
Year*	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	\$28,505,089	\$25,744,481	\$0	\$25,744,481	90.3%	187,051	224,429	\$62,223,722
2011	\$40,921,365	\$35,519,841	\$0	\$35,519,841	86.8%	236,605	303,879	\$68,243,473
2012	\$52,046,062	\$51,351,564	\$1,390,969	\$52,742,533	101.3%	273,608	371,953	\$74,082,019
2013	NA	NA	NA	NA	NA	NA	NA	NA
*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY								
Above data is for:	N/A Existing Product Comparable Product Other _____(please specify)	The above data represents a comparable product. Rocky Mountain Heathcare Options SOLO product portfolio.						
OTHER DATA								
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims		
2010								
2011								
2012								
2013	NA							
Above data is for:	N/A Existing Product Comparable Product National Other (please specify)	NA, no additional data is provided.						
Experience Period: (From to)	January 2010 through December 2012, paid through February 2013							
Additional Information:								

M. SIDE-BY-SIDE COMPARISON			
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.			
Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):		This is an initial product filing, all factors are new. Please see Exhibit C1 for detailed support.	
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	NA	NA	NA
Projected Experience With Rate Change	\$ 155,433,936.28	\$ 123,320,424.61	79.3%
Additional Information	This is an initial product filing, therefore, the "without rate change" is not applicable. The projected benefits ratio is below the "new" 4-2-11 individual guideline of 80.0% and is actuarially justified by the additional coverage of 3.8% of PPACA and Exchange fees under the product and assumes payments from the Federal Reinsurance program.		

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Step 1:
Enter Your Member and Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception.
The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid: Feb-13

			Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	200901	13,063	\$893,035	\$0	\$61,946	\$0			
2	200902	13,272	\$1,278,501	\$0	\$56,616	\$0			
3	200903	13,493	\$1,240,173	\$0	\$61,396	\$0			
4	200904	13,604	\$1,400,660	\$0	\$65,164	\$0			
5	200905	13,533	\$1,240,738	\$0	\$73,022	\$0			
6	200906	13,651	\$1,412,352	\$0	\$68,328	\$0			
7	200907	13,551	\$1,559,281	\$0	\$70,423	\$0			
8	200908	13,443	\$1,306,614	\$0	\$76,453	\$0			
9	200909	13,390	\$1,351,791	\$0	\$72,971	\$0			
10	200910	13,425	\$1,849,828	\$0	\$94,591	\$0			
11	200911	13,448	\$1,595,787	\$0	\$84,549	\$0			
12	200912	13,603	\$1,785,615	\$0	\$89,235	\$0			
13	201001	14,057	\$1,844,447	\$0	\$75,435	\$0			
14	201002	14,278	\$1,297,715	\$0	\$77,532	\$0			
15	201003	14,623	\$2,264,752	\$0	\$94,874	\$0			
16	201004	14,973	\$1,595,395	\$0	\$101,015	\$0			
17	201005	15,242	\$1,619,129	\$0	\$96,435	\$0			
18	201006	15,587	\$1,803,998	\$0	\$104,107	\$0			
19	201007	15,761	\$2,681,431	\$0	\$103,260	\$0			
20	201008	16,000	\$1,957,368	\$0	\$102,933	\$0			
21	201009	16,488	\$2,088,976	\$0	\$99,961	\$0			
22	201010	16,462	\$1,925,107	\$0	\$110,050	\$0			
23	201011	16,551	\$2,673,204	\$0	\$105,245	\$0			
24	201012	17,029	\$2,797,236	\$0	\$124,878	\$0	25.29%	21.81%	25.11%
25	201101	17,258	\$2,478,460	\$0	\$97,424	\$0	20.37%	21.04%	20.40%
26	201102	17,881	\$2,701,040	\$0	\$93,415	\$0	25.36%	18.37%	25.01%
27	201103	18,531	\$2,672,140	\$0	\$113,159	\$0	18.82%	14.27%	18.59%
28	201104	18,950	\$2,611,244	\$0	\$107,284	\$0	20.62%	9.16%	20.04%
29	201105	19,269	\$2,873,704	\$0	\$117,064	\$0	22.40%	7.07%	21.62%
30	201106	19,696	\$2,536,862	\$0	\$114,506	\$0	21.98%	3.01%	21.00%
31	201107	20,026	\$2,263,176	\$0	\$104,207	\$0	13.04%	-1.15%	12.32%
32	201108	20,310	\$3,080,825	\$0	\$120,535	\$0	13.22%	-3.02%	12.39%
33	201109	20,714	\$2,132,415	\$0	\$115,238	\$0	9.48%	-4.66%	8.76%
34	201110	21,195	\$3,130,232	\$0	\$136,828	\$0	12.93%	-4.67%	12.03%
35	201111	21,339	\$3,793,723	\$0	\$139,675	\$0	11.11%	-4.55%	10.33%
36	201112	21,436	\$3,834,039	\$0	\$152,645	\$0	9.84%	-5.74%	9.07%
37	201201	21,697	\$3,691,201	\$681	\$107,969	\$0	10.70%	-7.06%	9.83%
38	201202	21,862	\$3,539,863	\$1,364	\$139,252	\$0	7.61%	-5.20%	7.00%
39	201203	22,337	\$3,840,603	\$1,862	\$135,751	\$0	9.92%	-4.80%	9.22%
40	201204	22,455	\$3,318,667	\$1,873	\$146,640	\$0	8.58%	-2.25%	8.08%
41	201205	22,524	\$3,565,912	\$3,721	\$149,111	\$0	6.57%	-1.16%	6.22%
42	201206	22,620	\$3,919,306	\$7,854	\$151,173	\$0	8.60%	1.19%	8.28%
43	201207	22,739	\$4,048,145	\$19,461	\$147,166	\$0	16.21%	4.84%	15.70%
44	201208	23,085	\$5,243,549	\$26,029	\$229,830	\$0	18.91%	11.35%	18.58%
45	201209	23,572	\$4,564,483	\$56,015	\$166,373	\$0	26.50%	14.21%	25.95%
46	201210	23,559	\$4,480,967	\$121,861	\$219,706	\$0	27.11%	18.52%	26.74%
47	201211	23,510	\$4,602,567	\$375,312	\$216,986	\$0	27.45%	21.84%	27.21%
48	201212	23,648	\$4,465,079	\$774,827	\$261,266	\$110	28.47%	27.37%	28.42%

			Medical		Pharmacy		One Year Trends		
Start Month	End Month	Members Months	Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
200901	200912	161,476	16,914,374	0	874,694	0			
201001	201012	187,051	24,548,757	0	1,195,724	0	25.3%	21.8%	25.1%
201101	201112	236,605	34,107,860	0	1,411,981	0	9.8%	-5.7%	9.1%
201201	201212	273,608	49,280,341	1,390,859	2,071,223	110	28.5%	27.4%	28.4%

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Enter Your Member and Normalized Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48. Claims should be normalized for demographic changes, benefit changes, uw wear-off if applicable, and any other rating factors that are appropriate to normalize for.

Month Through Which Claims are Paid: Feb-13

			Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized	Normalized	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	Incurred Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	200901	13,063	\$1,291,927	\$109,356			
2	200902	13,272	\$1,849,570	\$99,947			
3	200903	13,493	\$1,794,123	\$108,386			
4	200904	13,604	\$2,026,294	\$115,038			
5	200905	13,533	\$1,794,939	\$128,910			
6	200906	13,651	\$2,043,208	\$120,623			
7	200907	13,551	\$2,255,766	\$124,322			
8	200908	13,443	\$1,890,240	\$134,966			
9	200909	13,390	\$1,955,597	\$128,820			
10	200910	13,425	\$2,676,091	\$166,987			
11	200911	13,448	\$2,308,578	\$149,259			
12	200912	13,603	\$2,583,196	\$157,532			
13	201001	14,057	\$2,467,930	\$140,985			
14	201002	14,278	\$1,736,385	\$144,903			
15	201003	14,623	\$3,030,311	\$177,313			
16	201004	14,973	\$2,134,690	\$188,791			
17	201005	15,242	\$2,166,447	\$180,231			
18	201006	15,587	\$2,413,808	\$194,569			
19	201007	15,761	\$3,587,841	\$192,986			
20	201008	16,000	\$2,619,022	\$192,376			
21	201009	16,488	\$2,795,117	\$186,822			
22	201010	16,462	\$2,575,856	\$205,677			
23	201011	16,551	\$3,576,833	\$196,697			
24	201012	17,029	\$3,742,792	\$233,390	15.88%	28.96%	16.68%
25	201101	17,258	\$3,258,447	\$207,156	12.01%	28.92%	13.02%
26	201102	17,881	\$3,551,075	\$198,632	17.09%	26.74%	17.69%
27	201103	18,531	\$3,513,078	\$240,615	11.74%	23.12%	12.44%
28	201104	18,950	\$3,433,018	\$228,123	13.97%	18.29%	14.25%
29	201105	19,269	\$3,778,076	\$248,919	16.17%	16.76%	16.21%
30	201106	19,696	\$3,335,229	\$243,478	16.36%	13.03%	16.14%
31	201107	20,026	\$2,975,411	\$221,581	8.52%	9.10%	8.56%
32	201108	20,310	\$4,050,380	\$256,298	9.16%	7.70%	9.06%
33	201109	20,714	\$2,803,499	\$245,036	6.02%	6.51%	6.05%
34	201110	21,195	\$4,115,335	\$290,943	9.95%	7.13%	9.76%
35	201111	21,339	\$4,987,631	\$296,997	8.67%	7.87%	8.62%
36	201112	21,436	\$5,040,635	\$324,575	7.93%	7.24%	7.88%
37	201201	21,697	\$4,777,519	\$204,915	8.78%	3.73%	8.44%
38	201202	21,862	\$4,582,563	\$264,287	5.76%	3.69%	5.62%
39	201203	22,337	\$4,972,381	\$257,643	8.04%	1.91%	7.63%
40	201204	22,455	\$4,296,979	\$278,310	6.75%	2.46%	6.47%
41	201205	22,524	\$4,619,321	\$282,999	4.78%	1.44%	4.56%
42	201206	22,620	\$5,081,983	\$286,912	6.78%	1.72%	6.45%
43	201207	22,739	\$5,263,728	\$279,307	14.30%	3.41%	13.57%
44	201208	23,085	\$6,819,153	\$436,196	16.95%	7.48%	16.32%
45	201209	23,572	\$5,979,204	\$315,759	24.44%	8.23%	23.34%
46	201210	23,559	\$5,956,338	\$416,981	25.05%	10.03%	24.05%
47	201211	23,510	\$6,441,675	\$411,819	25.42%	10.98%	24.45%
48	201212	23,648	\$6,780,755	\$496,066	26.45%	13.68%	25.59%

Start	End	Members	Medical	Pharmacy	One Year Trends		
Month	Month	Months	Total Incurred Claims	Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
200901	200912	161,476	24,469,530	1,544,146			
201001	201012	187,051	32,847,032	2,234,741	15.9%	29.0%	16.7%
201101	201112	236,605	44,841,815	3,002,354	7.9%	7.2%	7.9%
201201	201212	273,608	65,571,599	3,931,193	26.5%	13.7%	25.6%

Rocky Mountain HMO
Individual Rating Factors
January 1, 2014

Base Rate	\$ 437.01
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Geographic Rating Area	Description	Counties	Geographic Rating Factor
Rating Area 1	Boulder MSA	Boulder	1.11
Rating Area 2	Colorado Springs MSA	El Paso, Teller	0.86
Rating Area 3	Denver MSA	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	0.97
Rating Area 4	Fort Collins MSA	Larimer	1.21
Rating Area 5	Mesa MSA	Mesa	0.86
Rating Area 6	Greeley MSA	Weld	1.16
Rating Area 7	Pueblo MSA	Pueblo	1.11
Rating Area 8	East South	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit	1.06
Rating Area 9	East North	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	1.36
Rating Area 10	West	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake Moffat, Montezuma, Montrose,	1.01
Rating Area 11	Resort	Eagle, Garfield, Pitkin, Summit	1.40

PPACA Age Bracket	Age Factor	Tobacco Factor
0 - 20	0.635	1.000
21	1.000	1.000
22	1.000	1.000
23	1.000	1.000
24	1.000	1.000
25	1.004	1.000
26	1.024	1.000
27	1.048	1.000
28	1.087	1.000
29	1.119	1.000
30	1.135	1.000
31	1.159	1.000
32	1.183	1.000
33	1.198	1.000
34	1.214	1.000
35	1.222	1.000
36	1.230	1.000
37	1.238	1.000
38	1.246	1.000
39	1.262	1.000
40	1.278	1.000
41	1.302	1.000
42	1.325	1.000
43	1.357	1.000
44	1.397	1.000
45	1.444	1.000
46	1.500	1.000
47	1.563	1.000
48	1.635	1.000
49	1.706	1.000
50	1.786	1.000
51	1.865	1.000
52	1.952	1.000
53	2.040	1.000
54	2.135	1.000
55	2.230	1.000
56	2.333	1.000
57	2.437	1.000
58	2.548	1.000
59	2.603	1.000
60	2.714	1.000
61	2.810	1.000
62	2.873	1.000
63	2.952	1.000
64+	3.000	1.000

Family Rate Cap: No more than three covered children under the age of 21 will be taken into account in determining the family premium.

Plan Name	Plan ID (Standard Component ID):	Plan Factor
Rocky Mountain View PPO Silver - Deductible \$1500/Copay \$40 (w/Child Dental)	97879C00050001	0.685
Rocky Mountain View PPO Silver - Deductible \$2500/Copay \$40 (w/Child Dental)	97879C00050002	0.654
Rocky Mountain View PPO Silver - Deductible \$3000/Copay \$40 (w/Child Dental)	97879C00050003	0.638
Rocky Mountain View PPO Silver HSA - Deductible \$2500/100% (w/Child Dental)	97879C00050004	0.723
Rocky Mountain View PPO Silver - Deductible \$1500/Copay \$40	97879C00050005	0.669
Rocky Mountain View PPO Silver - Deductible \$2500/Copay \$40	97879C00050006	0.638
Rocky Mountain View PPO Silver - Deductible \$3000/Copay \$40	97879C00050007	0.622
Rocky Mountain View PPO Silver HSA - Deductible \$2500/100%	97879C00050008	0.706
Rocky Mountain View PPO Bronze - Deductible \$4500/Copay \$50 (w/Child Dental)	97879C00060001	0.578
Rocky Mountain View PPO Bronze - Deductible \$5500/Copay \$60 (w/Child Dental)	97879C00060002	0.570
Rocky Mountain View PPO Bronze HSA - Deductible \$6300/100% (w/Child Dental)	97879C00060003	0.563
Rocky Mountain View PPO Bronze - Deductible \$4500/Copay \$50	97879C00060004	0.565
Rocky Mountain View PPO Bronze - Deductible \$5500/Copay \$60	97879C00060005	0.557
Rocky Mountain View PPO Bronze HSA - Deductible \$6300/100%	97879C00060006	0.550
Rocky Mountain View PPO Gold - Deductible \$500/Copay \$35 (w/Child Dental)	97879C00070001	0.817
Rocky Mountain View PPO Gold - Deductible \$500/Copay \$35	97879C00070002	0.798
New West Focus HMO Silver - Deductible \$1500/Copay \$40 (w/Child Dental)	97879C00110001	0.617
New West Focus HMO Silver - Deductible \$2500/Copay \$40 (w/Child Dental)	97879C00110002	0.589
New West Focus HMO Bronze - Deductible \$4500/Copay \$50 (w/Child Dental)	97879C00110003	0.520
New West Focus HMO Bronze HSA - Deductible \$6300/100% (w/Child Dental)	97879C00110004	0.507
New West Focus HMO Silver - Deductible \$1500/Copay \$40	97879C00110005	0.602
New West Focus HMO Silver - Deductible \$2500/Copay \$40	97879C00110006	0.574
New West Focus HMO Bronze - Deductible \$4500/Copay \$50	97879C00110007	0.509
New West Focus HMO Bronze HSA - Deductible \$6300/100%	97879C00110008	0.495
Colorado Springs Health Partners HMO Silver - Deductible \$1500/Copay \$40 (w/Child Dental)	97879C00120001	0.651
Colorado Springs Health Partners HMO Silver - Deductible \$3000/Copay \$40 (w/Child Dental)	97879C00120002	0.606
Colorado Springs Health Partners HMO Bronze - Deductible \$4500/Copay \$50 (w/Child Dental)	97879C00120003	0.549
Colorado Springs Health Partners HMO Bronze HSA - Deductible \$6300/100% (w/Child Dental)	97879C00120004	0.535
Colorado Springs Health Partners HMO Silver - Deductible \$1500/Copay \$40	97879C00120005	0.636
Colorado Springs Health Partners HMO Silver - Deductible \$3000/Copay \$40	97879C00120006	0.591
Colorado Springs Health Partners HMO Bronze - Deductible \$4500/Copay \$50	97879C00120007	0.537
Colorado Springs Health Partners HMO Bronze HSA - Deductible \$6300/100%	97879C00120008	0.523
Rocky Mountain View PPO - Deductible \$6400/Copay \$45 - 3 PCP Visits (w/Child Dental)	97879C00150001	0.557
Rocky Mountain View PPO - Deductible \$6400/Copay \$45 - 3 PCP Visits	97879C00150002	0.544
Mesa County Exclusive HMO Gold - Deductible \$500/Copay \$35 (w/Child Dental)	97879C00160001	0.784
Mesa County Exclusive HMO Gold - Deductible \$500/Copay \$35	97879C00160002	0.766
Mesa County Exclusive HMO Silver - Deductible \$1500/Copay \$40 (w/Child Dental)	97879C00170001	0.658
Mesa County Exclusive HMO Silver - Deductible \$2500/Copay \$40 (w/Child Dental)	97879C00170002	0.628
Mesa County Exclusive HMO Silver - Deductible \$3000/Copay \$40 (w/Child Dental)	97879C00170003	0.612
Mesa County Exclusive HMO Silver HSA - Deductible \$2500/100% (w/Child Dental)	97879C00170004	0.694
Mesa County Exclusive HMO Silver - Deductible \$1500/Copay \$40	97879C00170005	0.642
Mesa County Exclusive HMO Silver - Deductible \$2500/Copay \$40	97879C00170006	0.612
Mesa County Exclusive HMO Silver - Deductible \$3000/Copay \$40	97879C00170007	0.597
Mesa County Exclusive HMO Silver HSA - Deductible \$2500/100%	97879C00170008	0.678
Mesa County Exclusive HMO Bronze - Deductible \$4500/Copay \$50 (w/Child Dental)	97879C00180001	0.555
Mesa County Exclusive HMO Bronze - Deductible \$5500/Copay \$60 (w/Child Dental)	97879C00180002	0.547
Mesa County Exclusive HMO Bronze HSA - Deductible \$6300/100% (w/Child Dental)	97879C00180003	0.540
Mesa County Exclusive HMO Bronze - Deductible \$4500/Copay \$50	97879C00180004	0.542
Mesa County Exclusive HMO Bronze - Deductible \$5500/Copay \$60	97879C00180005	0.535
Mesa County Exclusive HMO Bronze HSA - Deductible \$6300/100%	97879C00180006	0.528
Mesa County Exclusive HMO - Deductible \$6400/Copay \$45 - 3 PCP Visits (w/Child Dental)	97879C00190001	0.535
Mesa County Exclusive HMO - Deductible \$6400/Copay \$45 - 3 PCP Visits	97879C00190002	0.522

Rocky Mountain HMO
Individual Benefit Summary*
January 1, 2014

	SILVER PLANS				BRONZE PLANS			GOLD PLAN	CAT PLAN
Summary Name	1500-70-15-70-60 RX	2500-70-15-70-50 Rx	3000-70 15-Tiered Rx	2500-100-Tiered Brd Rx HDHP	5500 60	4500 60	6300-100 HDHP	500-80 15 Tiered Rx	Deductible \$6350/Copay \$45 - 3 PCP Visits
HIOS Plan ID	97879CO0120005, 97879CO0120001, 97879CO0170005, 97879CO0170001, 97879CO0110005, 97879CO0110001, 97879CO0050005, 97879CO0050001	97879CO0170006, 97879CO0170002, 97879CO0110006, 97879CO0110002, 97879CO0050006, 97879CO0050002	97879CO0120006, 97879CO0120002, 97879CO0170007, 97879CO0170003, 97879CO0050003, 97879CO0050007	97879CO0170008, 97879CO0170004, 97879CO0050008, 97879CO0050004	97879CO0180005, 97879CO0180002, 97879CO0060005, 97879CO0060002	97879CO0120007, 97879CO0120003, 97879CO0180004, 97879CO0180001, 97879CO0110007, 97879CO0110003, 97879CO0060004, 97879CO0060001	97879CO0120008, 97879CO0120004, 97879CO0180006, 97879CO0180003, 97879CO0110008, 97879CO0110004, 97879CO0060006, 97879CO0060003	97879CO0160002, 97879CO0160001, 97879CO0070002, 97879CO0070001	97879CO0190002, 97879CO0190001, 97879CO0150002, 97879CO0150001
Deductible	\$1,500	\$2,500	\$3,000	\$2,500	\$5,500	\$4,500	\$6,300	\$500	\$6,350
OOP Max	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,300	\$4,000	\$6,350
Coinsurance	70%	70%	70%	0%	60%	60%	0%	80%	100%
Office Visit (OPPSA @ PCP Copay)	\$40 / \$55	\$40 / \$55	\$40 / \$55	100% after ded	\$60 PCP - Specialist - Ded/Coins.	\$55 PCP - Specialist - Ded/Coins.	100% after ded	\$35 / \$50	\$45 after 3 PCP before Ded
Emergency Room Copay	\$250 then deductible coinsurance applies	\$250 then deductible coinsurance applies	\$250 then deductible coinsurance applies	100% after ded	\$350 then deductible coinsurance applies	\$350 then deductible coinsurance applies	100% after ded	80%	100%
Rx Ded	\$0	\$500	\$2,000	Combined w/ Medical	Combined with Med.	Combined with Med.	Combined w/ Medical	\$0	\$0
Rx OOP Max	Combined with Med.	Combined with Med.	Combined with Med.	Combined w/ Medical	Combined with Med.	Combined with Med.	Combined w/ Medical	Combined with Med.	Combined with Med.
Rx Tier 1	Tier 1 - \$15 Tier 2 - 70%	Tier 1 - \$15 Tier 2 - 70%	Tier 1 - \$15 Tier 2 - 70%	Tier 1 & 2 100% after ded	Tier 1 - \$25	\$20	100% after ded	Tier 1 - \$15 Tier 2 - 80%	100% after ded
Rx Tier 2- 5	Tier 3 - 60% Tier 4 - 60% Tier 5 - 50%	After Rx Ded: Tier 3 - 60% Tier 4 - 60% Tier 5 - 50%	After Rx Ded: Tier 3 - 60% Tier 4 - 60% Tier 5 - 50%	After Med Ded: Tier 3 - 70% Tier 4 - 60% Tier 5 - 50%	After Med Ded: Tier 2 - 60% Tier 3 - 60% Tier 4 - 60% Tier 5 - 50%	After Rx Ded: Tier 2 - 60% Tier 3 - 60% Tier 4 - 50% Tier 5 - 50%	100% after ded	Tier 3 - 60% Tier 4 - 60% Tier 5 - 50%	100% after ded

*Represents In-Network Benefits Only.



Rocky Mountain
HEALTH PLANS®

We understand Colorado. We understand you.

May 8, 2013

Leif Associates, Inc.
Elizabeth J. Leif, President
1515 Arapahoe Street, Tower 1, Suite 530
Denver, CO 80224

Dear Ms. Leif:

Please accept this letter as written confirmation that Leif Associates, Inc., has authority to submit form(s), rates, or certification(s) for Rocky Mountain HMO (HMO) through SERFF for and during the 2014 year and to act on behalf of HMO regarding such filings. HMO may withdraw this authorization at any time, by giving notice to Leif Associates, Inc.

Sincerely,

Barry Barak
Director of Rating
Rocky Mountain HMO

Rocky Mountain HMO
Individual Rating Sample(40 Year Old, Nontobacco)
January 1, 2014

[illegible]

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: HMO Individual

Project Name/Number: January 2014 HMO Individual/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/28/2013		Supporting Document	Rate Sample	05/30/2013	Rate Sample Individual HMO 6-3-2013.xls
05/17/2013		Supporting Document	Actuarial Memorandum	05/30/2013	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-31-2013.xls
05/15/2013		Supporting Document	Unified Rate Review Template	05/16/2013	URRTRMHMOIND.xlsx
05/02/2013		Supporting Document	Actuarial Memorandum	05/17/2013	2014 Individual HMO Actuarial Certification 2014 01 (4-2-11).pdf Limited_CS_Plan_Variation_-_Estimated_Advance_Payment RMHMO IND.pdf Actuarial Memorandum Individual HMO 5-13-2013.xls (Superceded)
05/02/2013		Supporting Document	Unified Rate Review Template	05/15/2013	UnifiedRateReviewSubmissionRMHMOIND_20130512122816.xml (Superceded)

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	HMO Individual		
Project Name/Number:	January 2014 HMO Individual/		

Attachment Actuarial Memorandum Individual HMO 5-13-2013.xls is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmissionRMHMOIND_20130512122816.xml is not a PDF document and cannot be reproduced here.